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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10940 CERTIFICATE OF DEATH 16940 **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) 17 Rus raso M NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO DE NAME OF 4. DATE Month Year DECEASED acob (Type or print) Vard DEATH 19 607 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR Months WIDOWED X 12-18-1870 DIVORCED 10b. KIND OF BUSINESS OR 11. SIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Saac 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no orunknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a) DUE TO VASCULAR INSUFFICIENCY 2 DAYS Conditions, if any, which gove ) rise to immediate couse (a), DUE TO stating the underlying couse CACHEXIA PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? PANCREATITIC NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from AOG 11, 1967, to AUG 12, 1967, that (1) (we) lost sow the deceased alive on 12 1967, and that death occurred at 6 AM, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR ... 22d. ADDRESS WASHINGTON DE ORAN 7415 BLAIR 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City or Jown)

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1094	2		CERTIF	ICATE	OF DEATH	•		109	42
10	b. CITY OR TOWN (I write RURAL and CAMBRIO	. HESTER If outside corporate limits, a give nearest town) IGE (RURAL)		MARY C. LENGTH OF STAY II		2. USUAL RESIDENCE a. STATE MARY L c. CITY OR FOWN (IF a	A NO utside carparote li	b. COUNT	Carel	ANNE sist town)
		AL OR INSTITUTION (If not SHORE STATE				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
5. F	NAME OF DECEASED (Type or print) SEX EMALE	First	LE 7. MARRIED WIDOWED	MAUDE  NEVER MARRIED  DIVORCED  NO OF BUSINESS OR		Lost SELY DATE OF BIRTH OI-I2-88	79	Month AUGUST GE (In years ist birthday) yrs.	30 IF UNDER 1 YEAR Months Doys	19 67 IF UNDER 24 HRS Hours Min.
13.	FATHER'S NAME  JOHN W B	SOSELY	INE	DUSTRY			NIA	UGHTER	USA	
15	es, no obunknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes of s	ervice) [	nknown		ECORDS OF	THE EAST	Addres ERN SHO		E HOSPIT
	PART I. DEAT  300, 3  Canditions, if any, rise to immediations stoting the under last.	e couse (o),	)	(0), (0), (0)9 (0,1)	ad	lexia			91	TERVAL BETWEEN
MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING		uln	ia pa	ran	· //				WAS AUTOPSY , PERFORMED? YES NO
	Hour'o.m p.m 21. I certif	y that (1) (this haspi	While of work	ed the deceased	fram	E OF INJURY (Home, formany, street, office bldg., etc.	.) 19, to	ty or tawn)		(Stote) hat (I) (we) la
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	FELIPE DO	JO:	un gy	M.D	ATTENDING PHYS. 22d. ADDRESS  EASTERN S	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	
werne	BURIAL, CREMATIO	9-3-6		23c. NAME OF CEME		REMATORY	23d. LOCATI	ON (City or Tow	n) (Count	
2	4. FUNERAL DIRECTOR	K	20	ADDRESS	7	250. REC	D BY REGISTRAR	S7 ZSb. REG	ISTRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave calbar-papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

THE REPORT OF THE PROPERTY OF 2A7 PRIOR DE MONTE DE LA 1/2-2 m w ( ( ) T HOLITE TAX BOOK HOTEL TO THE PRESENT THE CONTROL OF ANNALY STATE SINCE HIGHER AND THE STATE OF T August Section Section Control of the Control of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10943 10943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Dorchester o. STATMaryland b. COUNTY Dorchester Page N. 0 of MARYLAND delay the State Deportment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 pup write RURAL and give nearest town Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC farm ON A FARM? D.O.A. Cambridge Md. Hospital 923 Phillips St. Ext. 24 hours after death. If in Item 18. Give Pages NO X Office along with NAME OF 4. DATE Day Year DECEASED Bowley John Henson 12 67 August (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIT las Bushday) Hours 9/10/1884 Male Negro hours ofter deoth. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY pages Exominer's Maryland
14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within William Bowley Harriet Spicer File 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO any event within 72 permit. Chief Medical (Yes, no, or unknown) (If yes give war or dates of service pending 219-70-7842 Agnes Pinder: Cambridge, Md. No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-fronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebral vascular accident IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), 10 II. DUF TO stoting the underlying couse 0 and last. ds be used 19. WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION execute the certificate, NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING pluods CAUSE OF DEATH cremation, 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page pt work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🗶 and in my opinian Inquiry Natural causes X. Accident Suicide . death resulted fram: Hamicide Undetermined manner funeral directar be retoined please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 8/21/67 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. MD. Cambridge. Md. Heolth Address (Street, city, town, or county) May NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 50 0 Burial (Specify) 8/15/67 Bethel Cemetery Cambridge, Dor. Md. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cambridge, Md DATE AUG 2 2 1967 Funeral Directors VR ATSME ycharles yngs 6M 1/67

Part Country and C .re .m. cellings of indicate in approxime .s. . of Automotive and the Total Automotive To and the same of th park - who premi some fill fill the conell, ell gen mogn the secondaries are product forther policy of the land to the light of the second control of the light of the li

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Wicomico b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours after MARYLAND c. LENGTH OF STAY IN 1b TOWN (If dutside corporate limits, write RURAL and give nearest town) Eden mbrides d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO Ho me YES completely we carbon p death certificate be executed within NAME DE DATE Middle Month Last 4. DECEASED (Type or print) LEMON DEATH 6 Brittingha August 5. SEX AGE ( n years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED WIDOWED X October 14 86 0 yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician lease r during most of working life, even if retired) COUNTRY? LISA Crocheron, Maryland Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Todd Melvinia Bramble 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) I (If yes give war or dates of service) 16. SOCIAL SECURITY NO. I 17. INFORMANT Address Mr. James McNamara 305 Annapolis St. (Son) Annapolis St., Annapolis, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. INFARCTION MYGCAM DIAL DELENT DUE TO requires Conditions, If any, which YEARS ARTERIA SCLEROTIC CAR DIVASCULAR DISEASE been gave rise to immediate DUE TO cause (a), stating the YEARS HYPLATENSION underlying cause last. SE CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND [4 YES 🗔 PHYSICIAN: 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) Hour a.m. While at work Not While at work the t 8-20 1967 to 6-2e 1962 that (D)(we) last 21. I certify that (1) this hospital) attended the deceased from DIRECTOR: Age 3 should lied with the 19.67, and that death occurred at 7 to M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF page 8-20-67 M.D. FUNERAL PHYSICIAN'S 22d. ADDRESS 80 15 386 TO FUNERAL director, p should be 1 CAMBRIDGE, MARYLAND BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) St. John's Cemetery Fruitland | Burial August 23.1967 **FUNERAL DIRECTOR** REC'D BY REGISTRAR | 25b. COMPANY, SALISBURY, MARYLAND HOLLOWAY & VR AL5 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10948 CERTIFICATE OF DEATH 10946 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY **b** COUNTY MAR YLAND KENT DORCHESTER MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL CAMBRIDGE t. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Þag hin 72 haurs ( CHESTERTOWN 5 DAYS .= d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE rwithin 72 filled EASTERN SHORE STATE HOSPITAL R.F.D. YES NO X remaye carban p Middle 3. NAME OF First Last 4. DATE Manth Yen and tampletely DECEASED SAMUEL IR VIN G CHANCE AUGUST 4 19 67 (Type or print) DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER I YEAR | IF LINDER 24 HRS 7. MARRIED NEVER MARRIED log birthday) Months 9/25/94 MALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT .⊆ during most of working life, even if retired) INDUSTRY physician TISA Queen anne Co. Md. CAR PENTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, WALTER NATHANIEL CHANCE LILLIAN ELIZABETH ELLERS aftending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) þ 181-05-7793A - no HOSPITAL RECORDS burial-transit peri burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY hemorrhage IMMEDIATE CAUSE (a) signed by DHE TO affenisclemin Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse has been d far use as the af Health priar ta WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? FICATION certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) Not While at work to UnSmt 21. I certify that (I) (this haspital) attended the deceased from ULLY 19 61 that (i) (we) last be retained M, fram causes and an the date stated above saw the deceased alive an One Count TO FUNERAL DIRECTOR: and that death accurred at 22a SIGNATURE DATE SIGNED ATTENDING STAFF 8/4/67 DIRECTOR PHYS filed M.D. PHYS , page be filed TO HOSPITAL (Page 4 may b 22d ADDRESS 22c. PHYSICIAN'S CARLOS 011070 NAME (Type) E.S. S. HOSPITAL. CAMBRIDGE. Mo. director, should b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BUR AL CREMATION REMOVAL (Specify) 8/6/67 Wesley Chapel Cem. Rock Hall, Md. Burïal 250. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE PUNERAL DIRECTOR (Charley yugges VR A15 (4) 25M 1/67 Chestertown, DATE AUG Md.



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
(A-TOE -		10947 CERTIFICATE OF DEATH	10547
r death.	1.	PLACE OF DEATH a. COUNTY  Dorchester  Maryland  2. USUAL RESIDENCE (Where deceased lived, It institutes a. STATE Maryland b. COUNTY	
24 hours after death filled in by the fuperal apers. Pages 1/and-and 72 hours after death	-	b. CITY OR TOWN (if outside corporate limits, write in the RURAL and give nearest town)  Williamsburg  MARYLAND  C. LENGTH OF STAY IN 1b  4 yrs.21 days	
7 77	-	d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address)  Belle Haven Nursing Home	e. IS RESIDENCE ON A FARM? YES NO S
<b>季</b>	3.	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
sician na comple lease remove câr	5.		21 19 7 INDER 1 YEAR   IF UNDER 24 HRS
remo	10:	remate   hite   widowed   bivorced   February 43,1868 99 wrs.	nths Days Hours Min.
Thysician please val, and in	dui	USUAL OCCUPATION (Give kind of workdone in most of working life, even if retired)  INDUSTRY  Home  10b. KIND OF BUSINESS OR INDUSTRY  Home  11. BIRTHPLACE (County & State, or foreign country)  Dorchester Co., Maryland	COUNTRY? USA
g Thy hen p noval,	13.	FATHER'S NAME  William J. Hurlock  Mahalia Thomas	
ettinaling En ermit. Then m, or removal	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
e attan permit. ion, or		No Betty C. Williamson, Williamst	
spirit for a required that the rear spirit or attending physician. certificate has been signed by the "the for use as the burial-transit "ern t. of Health prior to burial, cremation,		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Service Cachexia	ONSET AND DEATH
requires that the ding physician. peen signed by the burial-transit or to burial, crema		DUE TO	
attending physician.  has been signed byse as the burial-tran.  th prior to burial, cre		gave rise to immediate cause (a), stating the DUE TO	
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s certificate iched for us pt. of Healt	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of its	YES NO
this certificate of detached for use e Dept. of Health		20a. ACCIDENT WAS UNDERLYING COUR OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Ite (IF EITHER, NOTIFY MEDICAL EXAMINER)	an 10.)
e te	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Place o	(County) (State)
should be detachi	-	21. I certify that (1) (this hoppital) attended the deceased from 1-4-66, 19 to 8-21	19 7, that (1) (we) las
RECTO 3 sh with		22a. SIGNATURE () A 2 C C C C C C C C C C C C C C C C C C	b. DATE SIGNED
AL DIRECTOR: At page 3 should filed with the S		M.D. PHYS. DIRECTOR P	8-21-67
TO FUNERAL DIRECTOR: Af director, page 3 should be filed with the S	-	NAME (Type) (AVALUS 1- BRAGOSO HINTEREN ME	(Olota)
	23:	REMOVAL (Specify) Aug. 24, 1967 Will Crest Cemetery Foderalsburg,	haryland
5 (4)	24	FUNERAL DIRECTOR Trampton ADDRESS 25a. REC'D BY REGISTRAR 25b. REG	STRAR'S SIGNATURE
/65	-	J. Je Framptom and son, Ederalsburg, Maryland DATAUG 30 13011	-0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10948 CERTIFICATE OF DEATH 10048 arbon papers. Pages I and 2 http://within 72 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission. o. COUNTY **6 COUNTY** lalbot MARYLAND Pages b CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 ( CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) Cambridge OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hou d. NAME OF HOSPITAL OR INSTITUTION (If hot in hospital, give sheet address) ⊑ e IS RESIDENC ON A FARM filled YES NO NAME OF First DATE Day Yedr and completely DECEASED OF Cavilla 1967 (Type or print) DEATH eve AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED (ast\_birthday) Manths 30-Hours temale WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign cauntry) during most of working life, even if retired) INDUSTRY physicion Parylaud Blockse coile I3. FATHER S NAME or removal, WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN (Yes, no, or unknown) (If yes give war or dotes of service) 214-12-6019 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO paubis burial, Conditions, if any, which gave : (b) rise to immediate couse (a). DUE TO stating the underlying cause Page 4 moy be retained by the nospital or attending of Health prior to has been (a) WAS AUTOPSY PERFORMED? \*\*\*OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) YES -NO this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of myly in Part I or Part I) of item 18) 20g ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched in Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (State) 20c TIME OF INJURY Month, Day, Year (City or fown) (County) factory, street, office blda, etc.) Hour o.m. While Not While TO FUNERAL DIRECTOR: After at work at wark 21 I certify that 1 (this haspital) attended the deceased fram, 196-240 and that death accurred at \$20 M, from causes and on the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF M.D. DIRECTOR , page 3 be filed PHYS 22c PHYSICIAN'S NAME (Type) director, p NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23g\_BJRIAL, CREMATION, DATE THEREOF (County) 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

20549

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that the death certificate be executed within 24 hours after death on.	层层意		LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	
er d	ECTA!		COUNTY DORCHESTER	MARYLAND	o. STATE b. COUNTY	-WECOMECO.
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4 h	d in sers. 72 h	(	NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
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with	ogn wit		IAME OF First	Middle	Lost 4. DATE Month OF	Doy Year
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e X	rem in on		JSUAL OCCUPATION (Give kind of work done	TIDE KIND OF BUSINESS OR	11. BIRTHPLAC (County & State, or foreign country)	12 CITIZEN OF WHAT
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cate	sicio plea J, an	13.	WAITRESS FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USA
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÷.		15.	VILLIAM AUSTIN WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO J.JZ.	JANE GIVANS INFORMANT S. FANT COLOR HOOPER (Daughte	1
eal	attending physician permit. Then please ian, or removal, and i	(Ye	, no, or unknown) (If yes give wor or dates of se	218-16-8023 REC	ords of the Eastern Shore	STATE HOSPITAL
a e	C	H	18. CAUSE OF DEATH (Enter only one couse p		Johnson Street, Salisbury	MO . INTERVAL BETWEEN
ŧ .	ed by the al-transit p al, crematic		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	Amumon	ea'	ONSET AND DEATH
quires tha	d by I-tran I, cren		DUE TO	20 . 0		
luire hvs.	signed to bur al-tr burial, a		Conditions, if any, which gove (b), rise to immediate cause (a),	Chrones dr	un'nyndrome	Glas
red no p			stoting the underlying couse	/		1
The law re	been is the rior to		DART II. OTHER CICALESCANT CONFUTIONS CONT	DIDUTING TO DESTRICT HIT MOTORIATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	VOODTILL SAME OF
	cate has been or use as the Health prior to	8	PART II. OTHER SIGNIFICANT CONDITIONS CONT	KIBBIING TO DEATH BUT NOW KEEATED TO	THE PERMINAL DISEASE CONDITION GIVEN IN PART T(0)	19 WAS AUTOPSY PERFORMED?
11 2	certificate hed for us	CERTIFICATION	2Do ACCIDENT WAS UNDERLYING	20h DESCRIPE HOW INTERLY OCCUPAND	(Enter nature of injury in Port I or Port II of item 18.)	YES NO
HYSICIAI hospital		GRI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A	terror resident and an arrangement of the second	
PHYSICIAN Physoital (		MEDICAL	2Dc. TIME OF INJURY Month, Doy, Year Hour o.m.	20d INJURY OCCURRED 2De. PLA	ICE OF INJURY (Home, form, 2Df (City or town)	(County) (State)
		SE .	Hour 'o.m. p.m. 19	While Not While of work of	tory, street, office bldg., etc.)	
ATTENDING	Affer I be d State				19 to 08-22-67	, 19 , that (!) (we) la
N Table			saw the deceased alive on 0	19.67, and the	, 19 , ta 08-22-67 t death accurred at8:20 M, Mom causes an	
	3 shawith		220 SIGNATURE	· make	ATTENDING MED STAFF	22b. DATE S GNED
2 5 P	AL DIRI page 3 refried		On DUNCHCIANTS	Blan Clien M	D PHYS L DIRECTOR L PHYS 22d, ADDRESS	August 22,1967
TAL	Par p		NAME (Type)		EASTERN SHORE STATE Ho	SPITM
SPI	I de la	230	BURIAL CREMATION 23b. DATE THEREC			<u>-</u>
TO HOSPITAL	TO FUNERAL DIRECTOR: director, page 3 shault should be filed with th	200	REMOVAL (Specify)			
_		24	Burial   August 2	ADDRESS	2So. REC'D BY REGISTRAR ZSb REGIS	TRAR'S SIGNATURE
2	R A15 (4)		HOLLOWAY & COMPANY,	SALISBURY, MARYLA	AND DATE AUG 2 5 1967 /C	harles Judges

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HEALTH DE

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Giye-Pages 1, 2,

This cert,ficate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

ury delay is and 3 to 10950

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

THE	ĺ	THE COTE EXCAMINATE OF	CERTIFICATE OF SEATTI
DERT.		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
4		o. COUNTY Dorchester MARYLAND	o. STATE Maryland b COUNTY Dorchester
Department		b. City OR TOWN (If outside corporate limits   C LENGTH OF STAY N 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ē		write RURAL and give neorest fown)  R Cambridge 12 vrs.	Cambridge, Md.
		d. NAME OF HOSPITAL OR INSTITUTION (finot in hospito, give street oddress)	d. STREET ADDRESS e IS RES DENCE
		211 East Appleby Ave.	211 E. Apple by Ave.
	-	NAME OF First Middle DECEASED (Type or print) Katie Hurley	Dayton  4 DATE Month Doy Year OF DEATH Aug. 16. 19 67
	5	Sex 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 1/1/1882  9 AGE (In yeors IF UNDER 1 VEAR IF UNDER 24 HRS Months Doys Hours Min
		USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUS NESS OR	11 BIRTHPLACE (Stote or Foreign country) 12 CITIZEN OF WHAT
	dur	ing mgst of working life, even if retired) INDUSTRY Housewife Home	Maryland USA
	13.	FATHER S NAME	14 MOTHER'S MAIDEN NAME
		Levin H. Hurley	Elizabeth Beard
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 us, no, or unknown) (If yes give wor or dates of service)	INFORMANT 211 Addiess Appleby Ave.
	L	No None	Orville Dayton Cambridge Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART! DEATH WAS CAUSED BY	INTERVAL BETWEEN
		IMMEDIATE CAUSE (a) COLOTIBLY OCCIUS	ion ONSET AND DEATH Instant
		The DUE TO Conditions, if ony, which gove )	
		rise to immediate couse (a),	
		stoting the underlying couse (r)	
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
	CERTIFICATION	TAKE II OF LE STORMENT CONTINUE CONTINUE TO STATE SO HOT RELY 25 TO	PERFORMED?  YES \ NO \ X
	IFICA	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port or Port II of item 18.)
		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	
	MEDICAL		ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	MED	Haur a.m. While Not While of work of work	ctory, street, office bldg., etc.)
		21 I certify that I took charge of the remains described above, h	eld on Autopsy , Inspection , Inquiry , and in my opinion
		· · · · · · · · · · · · · · · · · · ·	icide , Homicide Lindetermined monner
			CHIEF MEDICAL EXAMINER
		SIGNATURE LASTON INCOME	M.D. ASSISTANT MEDICAL EXAMINER
		EXAMINERS To be 16000 To 36 5	DEPUTY MEDICAL EXAMINER X 8/17/67
		NAME Type John Mace Jr. M.D.	Address (Street cty, fown or county) Cambridge, Md.
	230	BURIA/(REMATION 23b DATE THEREOF 23. NAME OF (EMETERY OR REMOVA (Specify) 8/19/67 Elloitt Co)	
	2/		metery Dorchester Co. Md.
	Ŵ	illoughby Funeral Director. East	Md - Market All 23 1967 / Charles Quise
			THE RESERVE OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE



	1	MARYLAND STATE DEPA 10951 DIVISION OF VITAL RECORDS, 301 W. PRESTO	AN CEDET DAITHIODE MADVIANA GLOOL	COET
EQR-STATE	I		CERTIFICATE OF DEATH	U951
HEALTH DEPT.	1.	PLACE OF DEATH  COUNTY  Dorchester  MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Reside to STATE Maryland b COUNTY Do	ence before adm ssion) rchester
ofter demth If Gry delay a. Give Poges 1, 2, and solong with form PM3. P. with the State Deportment		b CITY OR TOWN (If ourside carparate mits, write RURAL and give nearest town)  Cambridge  All life	Cambridge	
h If Grayes 1, 2 form		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  801 Fairmount Ave.	801 Fairmount Ave.	ON A FARM?  YES NO X
offer demth 1 3. Give Poges along with for with the State	3	NAME OF First Middle DECEASED (Type or print) Hansel G	Freen 4 DATE Month OF August	19 67
		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED   1 10   10   10   10   10   10   10	B DATE OF BRIH 9 8 9 AGE (In years IF_NDE gst birthday) Months	R I YEAR IF UNDER 24 HRS Days Hours Min.
within 24 hmurs penct in Item I kaminer's Office le pages Iona? hours offer deat	dui	a. USUAL OCCUPATION (Give kind of work done ingroost of working life, even if retired)  10 tel owner Motel & Bar	Maryland	CITIZEN OF WHAT OUNTRY?
d within In penci Examine Fle poge 2 hours o	13.	William Green	14. MOTHER'S MAIDEN NAME ADA TRAVERS	S
exacuted anding" in Medicol E.	()		informant ena Green, Cambridge, Md.	
icote showed File and the word "pe ded to the Chief os o buriol-transion on event		IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave is to immediate cause (a), stoting the underlying couse lost.  (c)		INTERVAL BETWEEN  2 SET AND BEATH
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED^ YES NO
4 T 2 L	CAL CERTIFICATION	CAUSE OF DEATH Sgot self with		
= 0 × + E =	MED (	10.20AM 8/11/6719 Whe of wark of wark I fact	tory street, office bldg etc) Cambridge I	ounty) (Store) Oor. Md.
MR olegan dura dura erto erto DIR		ACTUAL SIGNATURE	eld an Autapsy, Inspection, Inquiry,  cide Ham cide, Undetermined manner [  CHIEF MEDICAL EXAM NER  M D	22. DATE SIGNED
TO DEPUTY IN PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSORY, PROCESSOR,	23	PAMMINERS John Mace Jr.  BURIL (REMATION REMOVAL (Specify) 8/8/67  DATE THEREOF 23c NAME OF CEMETERY OR 18/8/67	Address (Street, city town or county)  CREMATORY  230 (3) CAT ON ((17) or Town)  Amulus Sur	(County) (State)
VR A15ME (9)	2.	SUDAN LINE CON LINE CONDUCTOR	DATE 250 RECOLUTE STRAR 1967 REGULATE	signature gudge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10952 CERTIFICATE OF DEATH 10552 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY haurs after **MARYLAND** b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CHERTAR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS □ NO ₹ MAG 33 YES NAME OF Middle DATE Yeor DECEASED GRE IN (Type or pont) DEATH 19 remaye car ar removal, and in any event S SEX 9. AGE (In years IF JNDER I YEAR 6 COLOR OR RACE B. DATE OF BIRTH IF JNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours MA'. 1, K للل الدي الله WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** DO CHANTER 1 GO. . 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physpermit. Then p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) burial, cremation, IB CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cardiac decompensation MMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO hypertensive arteriosclerotic heart disease Conditions if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse d far use as the af Health priar to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? NO IX ATTENDING PHYSICIAN: O FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stole) Hour 'o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) appeared the deceased from July 11, 1901 to August 149 0 (that (1) (we) last Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased give an August 12,1907, and that death accurred at M, fram causes and an the date stated above 22o SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS August M D 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Fascelt, M. D. 623 High Str et director, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATEAUG 2 1967



MARYLAND STATE DEPARTMENT OF HEALTH

10953

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

LeCompte Funeral Service, Cambridge, Maryland

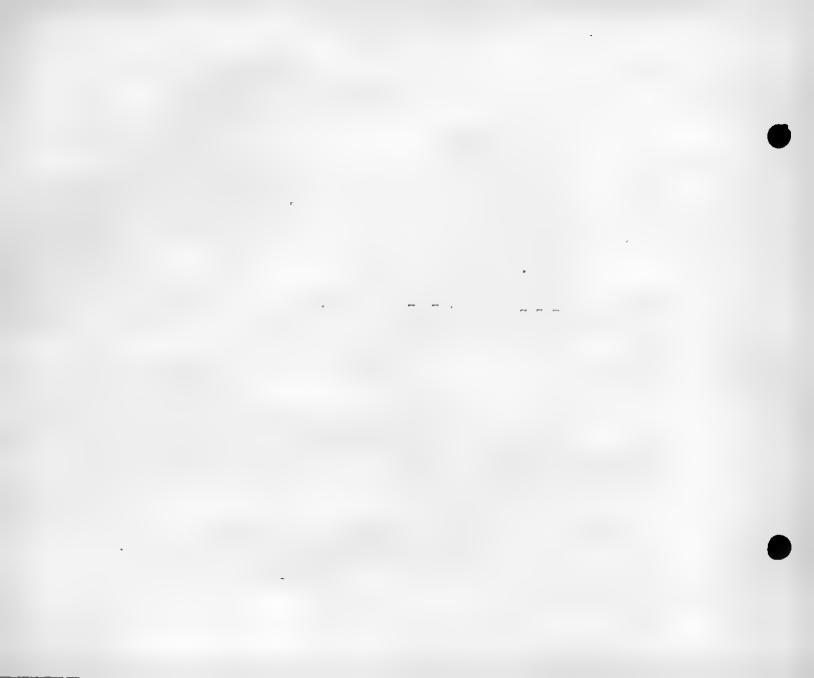
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave farthen papers. Page should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any evalut, within 72 hours at a should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any evalut.

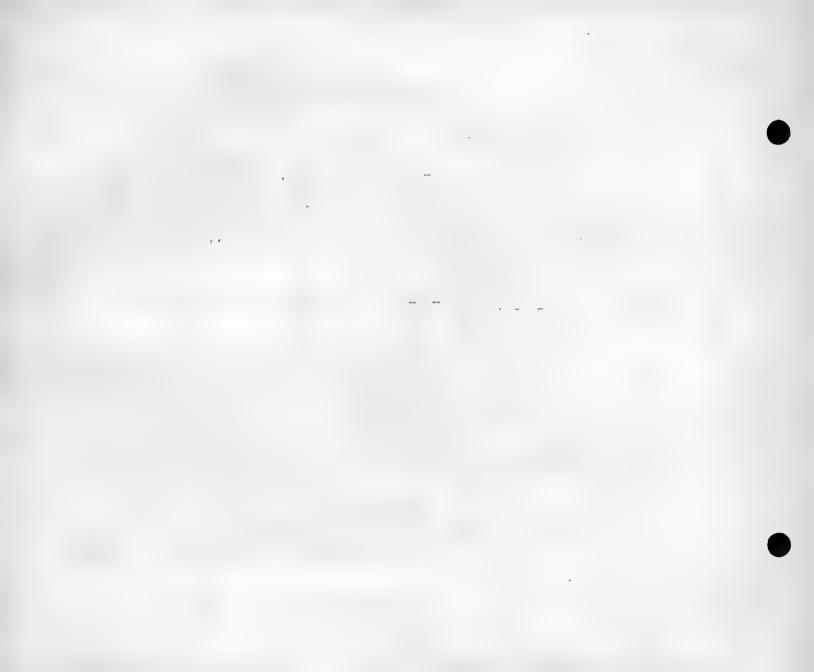
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	10000	CERTIFICATE	OF DEATH	7.	7 3 3 3			
	ACE OF DEATH COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution Resider	chester			
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	c. LENGTH OF STAY IN 16	1 week Fishing Creek					
	NAME OF HOSPITAL OR INSTITUTION (If not in ho Cambridge Maryland Hos		d STREET ADDRESS None		e IS RESIDENCE ON A FARM? YES NO A			
D (1	AME OF First ECEASED MATTIE THE PROPERTY OF TH	E PHILLIPS	HANSEN 4	DATE Month OF Aug.	7, Year			
	emale White WID	RRIED XX NEVER MARRIED   8 OWED   DIVORCED	May 31, 1897	9. AGE (In years IF JNDER lost birthdoy) Months	Doys Hours Min.			
10e duren	JSUAL OCCUPATION (Give kind of work done great of working life even if retired)	TOD KIND OF BUSINESS OR INDUSTRY HOTHER	Dor chester		TIZEN OF WHAT JUNTRY? USA			
13.	John R. Phill	Lips	14. MOTHER'S MAIDEN NAM  Ida Meel					
(Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes of service) NO ————————————————————————————————————		FORMANT s. John Phil	Address Lips, Fishing Cree	ek, Maryland			
	CAUSE OF DEATH (Enter only one couse per I     PART I. DEATH WAS CAUSED BY:     IMMEDIATE CAUSE (o)	line for (o), (b), and (c).)	loses"		ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b)  DUE TO  DUE TO  (c)	Carenonia	Sign	need	5. Mrs			
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO			
ER	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in Port	t I or Part II of item 1B)				
MEDICAL	20c. TME OF INJURY Month, Doy, Year Hour o m. p.m. 19		E OF INJURY (Home, form, iry, street, affice bldg., etc.)	20f (City or town) (Co	unty) (Stote)			
	21. I certify that (!) (this haspital) attended the deceased from the deceased from 1964 to Cong. 7, 1964, that (!) (we) last saw the deceased alive an 5-7 1967, and that death occurred at 25 M, from causes and on the date stated above.							
	220. SIGNALHEE  MD ATTENDING MED. STAFF 22b. DATE SIGNED  PHYS DIRECTOR PHYS D  22b. DATE SIGNED							
	22c PHYSICIAN'S W. N. Baurean	n, MD	Franklin St	., Cambridge, Md.	•			
	BUR AL, (REMAT ON, STATE THEREOF Aug 9 1967	Star Of Sea Co		23d (O(ATION (City or Town) Golden Hill, Mary	(County) (State)			
24	ELIMEDAL DIDECTOR	ADDRECT	DE- DECED DA	DECICEDAD DECICEDADE C	2011714694			

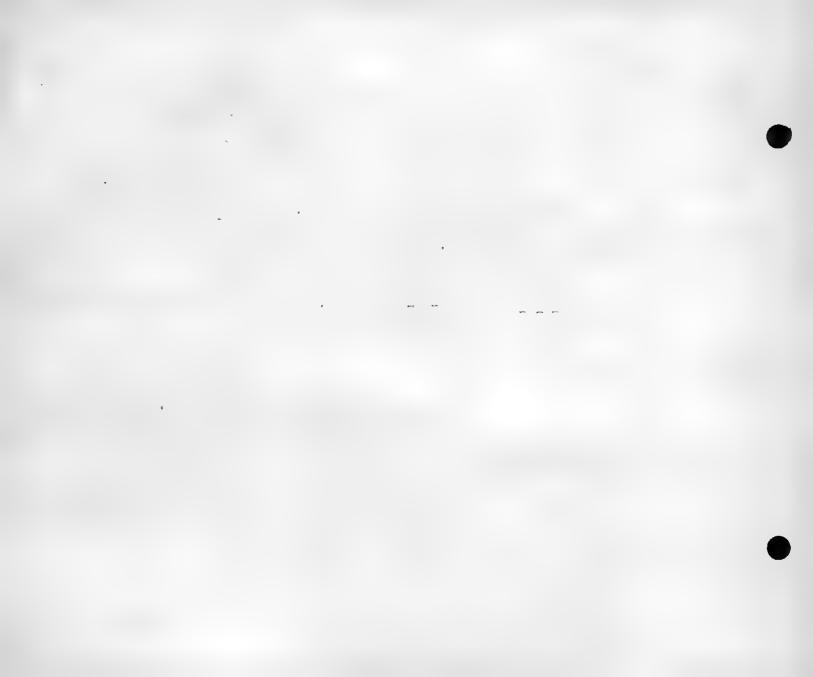


MARYLAND STATE DEPARTMENT OF HEALTH 10954 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10954 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY p. STATE b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Life Hurlock - Rural PHYSICIAN: The law requires that the death certificate be executed within 24 haux IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ond in any event, within 72 Bobtown Bobtown YES NO K NAME OF Middle attending physicion and completely formit. Then please remove corban 4 DATE Doy Year DECEASED THON PHILLIP HOLLIDAY August 19 57 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours Male January 13,1914 Negro WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT industry aroline Foods during most of working life, even if retired)
Day Laborer COUNTRY? Dorchester Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, William F. Camper Emma V. Holliday IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17. INFORMANT 214-30-8920 Delsia M. Holliday, Hurlock, Md., INTERVAL BETWEEN signed by the c buriol-tronsit po 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) IMMEDIATE CAUSE (o) Ac ite ventricular D'latation eFibrillation mes and Delath PART I. DEATH WAS CAUSED BY **DUE TO** Arterioselerotek Hypertensive Cardio Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or ottending 2vrs detached for use as the e Dept of Health prior to renal disease with failure WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 15 of item 18.) 200 ACC DENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) **DIRECTOR:** After this Not While foctory, street, office bldg , etc.) Hour o.m. of work 21. I certify that (I) (this haspital) attended the deceased from 6/15 the deceased from 6/15 ..., 19.65, to8/27/67, 19 ..., that (I) (we) last 19 ..., and that death occurred at 4 A. M, from causes and on the date stated above. saw the deceased alive an 8 220. SIGNALIE 22h. DATE SIGNED PHYS 22d. ADDRESS DIRECTOR PHYS MD 22c PHYSICIÁN'S O FUNERAL NAME (Type) ara B. lummer M.D Preston Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Sept. 2, 1967 Federal Will Cemeterv Federalsburg : arvland 250 REC'D BY REGISTRAR ADDRESS Melanlas DATEAUG 1967 eralshurg, Marylan



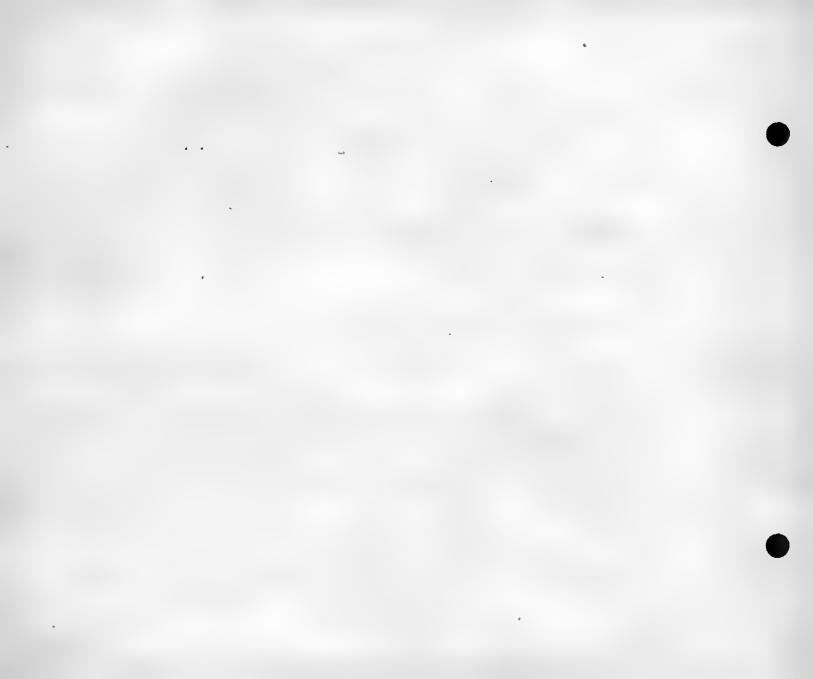


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10956 CERTIFICATE OF DEATH 20856 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY Dorchester Maryland **b** COUNTY Dorchaster ban papers. Pages 1 MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haursaite b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA. and give negrest town) 1 day Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street oddress) IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS filled Cambridge Maryland Hospital RFD No. 3 YES I NO 3. NAME OF Middle DATE Lust Doy Year DECEASED **JOHN** LESLIE HUBBARD Aug. 67 (Type or pnnt) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost burthdoy) Months Doys Hours Sept. 18, 1904 Male White WIDOWED DIVORCED and in any ren 16o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT define most of working life, even if retired) Gen. Building attending physician ( sermit. Then please **COUNTRY?** Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Henry Raymond Hubbard Foly Marshall IS. WAS DECEASED EVER IN ILS. ARMED FORCE ST 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cambridge permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. J. Leslie Hubbard, RFD 3, Maryland 213-05-2711 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). burial-transit ONSET AND DEATH PART : DEATH WAS CAUSED BY Emosarcama IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse we aeroched far use as the State Dept. af Health priar ta has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 7 NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year Hour 'o m foctory, street, office bldg., etc 1 Not While \_\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the and that death accurred at Fire M, from causes and an the date stated above saw the deceased alive on. 220 SIGNAZURE aurem M.D. DIRECTOR PHYS 22c. PHYSIC AN'S ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Aug 19 1967 Spedden-Seward Cemetery Cambridge. Maryland 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland



7 1	ı	1	Division of STATIS					PARTMENT OF HEA I W. PRESTON STREET		E, MARYI	AND 2120	1		
FOR STATE		10957	7	MED	ICAI	L EXAMINE	R'S	CERTIFICATE OF	DEATH		1	U95	57	
PM3. Page HEALTH DELT.	L	PLACE OF DEATH O COUNTY D b CITY OR TOWN (	orchester	is,	c LE	MARYLAI		2 USUAL RESIDENCE (Who o STATE Mary	land	P CON	TY Ca	rolir	ne v	
f cry de ay 1, 2, and 3 rm PM3. Pa Department			Cambridge			1 Hour		Preston						
					n hospital give street oddress) and Hospital			d STREET ADDRESS				e IS RESIDENCE ON A FARM? YES NO [X]		
frer death If Give Pages ang with farr In the State I	3.	NAME OF DECEASED (Type or pent)	F	rsi LLIE	M-ødle			Lost 4 DATE Month OF DEATH Augu			ust 23	Doy Year st 23, 19 67		
hours after death tem 18. Give Pag Off ce along with Tand 2 with the Sta event (uthfir 72)	S	Male	6 COLOR OR RACE	7 MARRIED WIDOWED	N.	NEVER MARRIED [ DIVORCED		8 DATE OF BRTH May 5. 1940	9 AGE	(In years birthdoy) 27 yrs	IF UNDER 1 Y Months D		INDER 24 HRS ours Min	
d within 24 hours after death. If it is pencil in teem 18. Give Pages 1, Examiner's Office along with farm. File pages Land 2 with the State Deand in any event within 21 hours	du	ing most of working Day Lab	(Give kind of work done life, even if retired)	10b KI	BUSINESS OR Factory		11 BirthPlace (Stote or Georgi.	I2 CTIZI COUN	CTIZEN OF WHAT COUNTRY? USA					
J within 24 in pencil in Examiner's Examiner's file pages and .n any			Willie Hud					1	me ce Mort	on				
xecuted in ading" in Medical Experimit. Firemand, or may all m	15 (Y	WAS DECEASED EVE es, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of conversal		SECUR TY NO 50-5783	17	Willie Hud	son P	Addre restor				
te should be e the word "per I ta the (hief i a bural-transit remation, ar re		18. CAUSE OF DI PART I. DEAT , Conditions, if ony, rise to immediat stoting the under lost.	e couse (o), ( NIC	(o) Mu 10			ju	ries, sever	9			INTERVAL QNSET A Ins	L BETWEEN	
is certifica farwaraec farwaraec e used as a burial, c	ATION	PART II OTHER S	GNIFICANT COND TIONS C					THE TERMINAL DISEASE CONDI		. ,		19 WAS PERF YES	AUTOPSY FORMED? NO	
ER: The certification and be be be. Front be prior for the certification of the certification	200 EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING COLORRED (Enter noture of injury in Port or Port II of item 18)  Driver of car in two car collision.  Driver of car in two car collision.  1 AM p.m 8/23/67 Of While of work of work of the privary in Port or Port II of item 18)  Driver of car in two car collision.  1 AM p.m 8/23/67 Of While of work of													
L EXAMINER: ecute the certi Page 4 should far your files. R: Page 3 should							ory, street, office bldg., etc.)	Hur	lock,	Dor.	.,	(Stote)		
Mk.:.AL please exer I director P retained for I DIRECTOR		21. I certify death result ACTUAL SIGNATURE EXAMINER:		al causes		described abov		eld an Autopsy X., ide, Homicide [ CHIEF MEDICAL E) M D ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER	rmined m	anner		my apinian  DATE SIGNED	
Off		NAME Cype)  BURIAL CREMATIC REMOVALISPECTY  BURIAL DIRECTO	Aug. 2	EREOF 6, 1967	, ,	NAME OF CEMETER Johns Com	<u>et</u> e	250, REC'D B	23d LOCATION Presto Y REGISTRAR	(City or To	wr) (Co	ounty) Plant	(Stote)	
VR A15ME (3)	1	112000	AFramptom .	ryneral	. Ho	ome-Feder	als	burg, pig 3	0 1967	you	corles!	udg	R.	



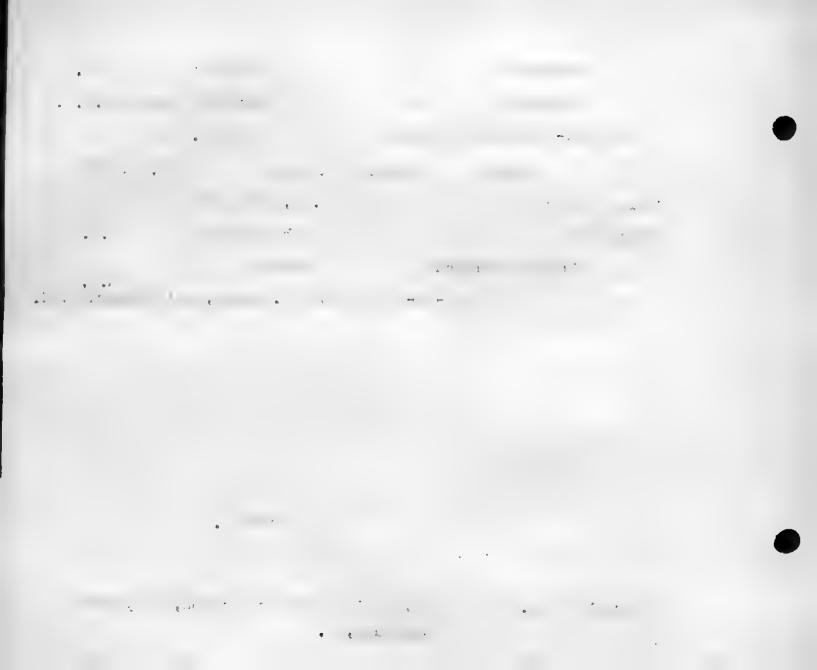


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10953 10559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY Maryland Dorchester MARYLAND Dorchester b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge 20 year vears d STREET ADDRESS e IS RES DENCE ON A FARM? farm YES NO T please execute the certificate, writing the word "pending" in pencil in Item 18. Give Rages director. Page 4 shavid be farwarded to the Chief Medical Examiner's Office algrig with Tar Talbot This certificate should be executed within 24 hours after death. 3. NAME OF 4. DATE Day Year DECEASED (Type or print) Kidan DEATH August Benjamin S. SEX 9 AGE (In years IF UNDER TYEAR 6 COLOR OR RACE B DATE OF BRTH 7. MARRIED NEVER MARRIED 5 lost birthdoy) Months Dovs Hours pages land2 wi Oct.18,1908 White within 72 haurs after death Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done ±06 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Fac tory COUNTRYS New York City Supervisor of Sewing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flora Rosenberg Moses Kidan 30 StresTalbot Ave. IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service)
Yes
W.W. 2 062-01-569EMrs. Marion J. Kidan, Cambridge, Md. Yes IB. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c) ) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY burial-transit The tant any event IMMEDIATE CAUSE (6) Carbon monoxide poison DUE TO Conditions, if ony, which gave 1 rise to immediate couse (o), .= DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? or removal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART 1(o) CERTIFICATION NO SC 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port I or Port II of item 1B.) 3 should Suicide by carbon monoxide in automobile CAUSE OF DEATH crematian, MEDICAL 20d INJURY OCCURRED 20f (City or town) (County) 20e PLACE OF INJURY (Home form 20c TIME OF INJURY Month, Dov. Year In auto-Home While of work Of work FUNERAL DIRECTOR: Page Md. 8-16 Cambridge Dor. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛣 Inguiry , and in my opinian Suicide K. Undetermined manner deoth resulted fram: Natural causes Accident | Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAM NER prior 1 SIGNATURE 8/17/67 DEPUTY MEDICAL EXAMINER John ace Health Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 JUR AL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) 9 REMOVAL (Specify) Dorchester Memorial Park,
ADDRESS 250 REC'D BY REGISTRAK Purial
24/FUNERAL DIRECTOR Cambridge Md. VR A15ME (5) 6M 1/67 Cambridge . Md. 1967



MARYLAND STATE DEPARTMENT OF HEALTH

VR #15 (4) (20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10961 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. COUNTY b. COUNTY after Dorchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b papers. re. 72 hours a write RURAL and give nearest town) hours East New Market 1 Month
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge d. STREET ADDRESS filled e. IS RESIDENCÉ n and completely new remove carbon pape ON A FARM? St. Steven's Nursing Home executed within 3. NAME OF First Middle DATE Month Year Last DECEASED OF (Type or print) DEATH Sallie Brown Larimore AGE (In years DEUNDER 1 YEAR) FUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED [ NEVER MARRIED last birthday) Months In 2 h Davs Hours DIVORCED [ Female BIRTHPLACE (County & State, or foreign country) physician in please rival, and in 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? death certifinate Housewife FATHER'S NAME Housevi fa remoya been signed by the attending the burial-transit permit. The r to burial, cremation, or remo John Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Sallie Larimore 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Le Compte Funeral Service, Records No CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventriculat Acute Fibrillation with or attending physician. minutes IMMEDIATE CAUSE (a) eft Ventricular Divation Arteriosticrestde Conditions, If any, which (b) rise to immediate as the prior to DUE TO cause (a), stating the disease with auricular Fibrillatibn underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO IXI YES [ 20a, ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) t of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d be Stat ATTENDING at work! at work should th the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on and that death occurred at M, from the causes and on the date stated above SIGNATURE 22b. DATE SIGNED **98** page ATTENDING STAFF FO HOSPITAL (Page 4 may | M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS FUNERAL director, p should be f NAME (Type) Harold Presstan Larvlanc 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 유 Greenlawn Cemetery Cambridge. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. Compte Funeral Service, 308 High St, Cambridge, VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10962 10562 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH a. COLINTY o. STATE **b** COUNTY DORCHE STER WICOMICO MARYLAND b. CITY OR TOWN (If autside corparate limits, c CITY OR TOWN (If outside carporate limits, write RURA) and give nearest town) c. LENGTH OF STAY IN 16 opers. Po write RURAL and give nearest tawn) SAL IS BURY RUR AL CAMBRIDGE 6 WEEKS d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 628 HILL ST. EASTERN SHORE STATEHOSPITAL NO 🗀 cdrbon NAME OF First M-ddle Last 4. DATE Month Year DECEASED **BERTHA** BURNETT MILBOURNE AUGUIST 31 19 67 (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** remove, e¥. lost birthday) Months Haurs 11/19/90 FEMALE NAIGN X and in ony WIDOWED DIVORCED ond 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, as foreign country) physician c during most of working life, even if retired) COUNTRY? INDUSTRY pleose Mo. HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, ELEANOR SHANGET-T ottending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Adaress (Yes, no, grunknown) Iff yes give war ar dates at service) 218-24-4319A HOSPITAL RECORDS burial, cremation, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t)) INTERVAL BETWEE burnal-tronsit PART I DEATH WAS CAUSED BY Machinoria 4 IMMEDIATE CAUSE (a) ģ be retained by the hospitol or attending physician. DUF TO signed l Servile cachexia Canditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse 05 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) certificate hos ed for use of Health p YES NO PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While OR ATTENDING at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1967 8/31 . 19 67 that (1) (we) las . ta 19 67, and that death accurred at 2 124M, fram causes and on the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE ATTENDING 8/31/67 DIRECTOR director, page 3 shauld be filed v M.D. PHYS PHYS TO HOSPITAL ( Poge 4 may b 22d ADDRESS PHYSICIAN'S ARROSO E.S.S. HOSPITAL, CAMBRIDGE, MD. NAME (Type) AOCATION (City of Town) 230 BUR AL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2Sa. REC D BY REGISTRAR 24. Full **ERAL DIRECTOR** 



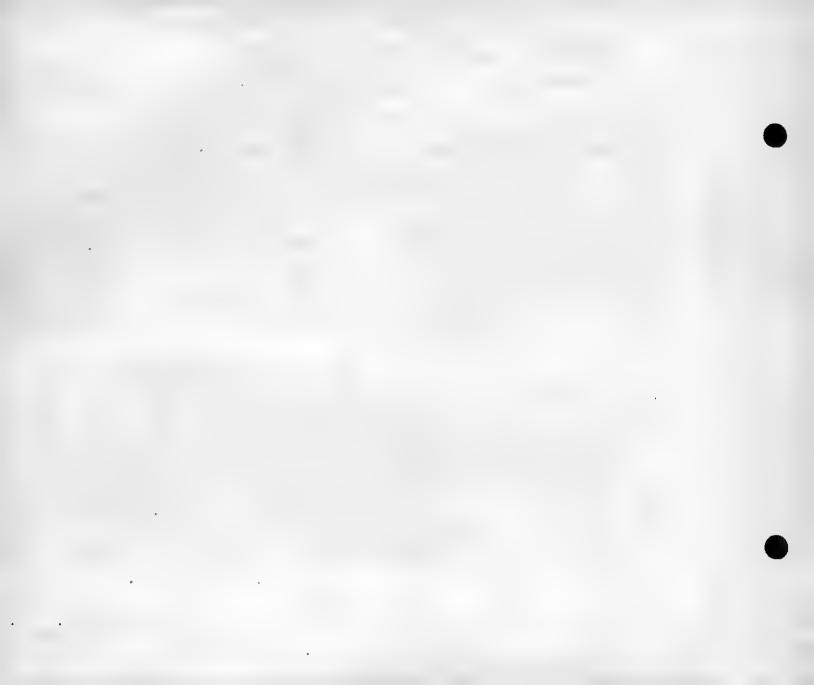
7 7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
W	CERTIFICATE OF DEATH	10563
ī	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY  a. STATE  b. COUNTY	Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURA and give nearest town)  Cambridge  21 Years  Cambridge	L and give nearest town)
,  -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
3	DECEASED Amendo Sheekel fond Worth DF	Day Year
4	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IT years IF UNDE	67 19 R 1 YEAR IFUNOER 24 HRS. Days Hours Min.
	Female White WIDOWED DIVORCED May 2, 1904 63 yrs. Months a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. (Inging most of working life, even if retured)	ITIZEN OF WHAT
1	Homameker Fredericks, Va. [14. Mother's Maiden NAME]	J.S.
_	Nathaniel Shackelf'ord Julia Brooks  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 906 Candelia	Street
	No (Tyes give war or dates of service) 213-12-4961 Paul A. Trigger, Cambridge, Me	d.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	
2	cause (a), stating the DUE TO underlying cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
		8.}
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Company a.m., p.m. 19 at work	ounty) (State)
		the date stated above.
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.   22b.	DATE SIGNED
,	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	·
2	Burial Cremation, 23b. Date thereof 23c. Name of Cemetery or Crematory 23d. Location (city, town or common and company 23d. Location (city, town or company 23d. Locatio	
7	ADDRESS Cambridge, Md.   25a. REC'D BY REGISTRAM 250. REGISTRAM 250. REGISTRAM 250. REGISTRAM 250. REC'D BY REGISTRAM 250. REGISTRAM 250. REC'D BY REC'D BY REGISTRAM 250. REC'D BY REGISTRAM 250. REC'D BY REGISTRAM 250. REC	R'S SIGNATURE
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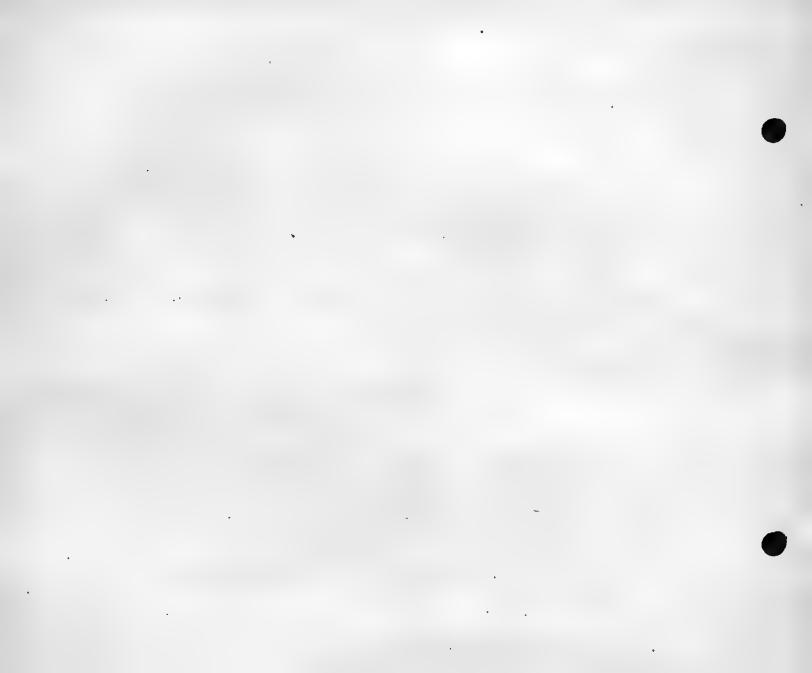
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10965 CERTIFICATE OF DEATH 10965 requires that the death certificate be executed within 24 haurs after death funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY o. STATE b. COUNTY DORCHESTER WORCESTER MARYLAND ‡ b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CAMBRIDGE 12 YRS. POCOMOKE bon popers. within 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ d STREET ADDRESS e IS RESIDENCE ON A FARM? filled EASTERN SHORE STATE HOSPITAL 702 MARKET ST. NO X YES NAME OF Middle 4. DATE First Month Year completely DECEASED MIN Pearson SCHOOLFIELD AUGUST 24 19 67 (Type or print) DEATH V every AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost\_buthdoy) 5/16/92 Months Davs Hours FEMALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE 10b, KIND OF BUSINESS OR 12 CHT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) burial-tronsit permit. Then please f burial, cremotian, or removal, and in physicion ( ten pleose INDUSTRY COUNTRY? VIRGINIA U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS PEARSON Nancy Cecil attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address HOSPITAL RECORDS None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (cha(b), and (c).) signed by the burial-tronsit the PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) DUE TO Conditions, if only, which gove : (b) rise to immediate couse (a), DUE TO stoting the underlying couse os the hos been OR ATTENDING PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES 🔽 NO After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I) of item 18 ) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Hour 'p.m. foctory, street, office bldg., etc.) Not While 19 ot work of work 21. I certify that (1) (this haspital) attended the deceased from JULY 22 1955 to AUG. 24 1967 , that (1) (we) las M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an\_ AUG. 24 19 67, and that death acturred at 22p SIGNATURE 22b. DATE SIGNED 8/24/67 director, page 3 should be filed v DIRECTOR 22d ADDRESS E.S.S.H., CAMBRIDGE, Mo. O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY DEXECUMENTE 23d LOCATION (City or Town) 23c (County) (Stote) Burial (Specify) 8-26-1967 Presbyterian Pocomoke City Wor. FONERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Pocomoke City. Watson Robert



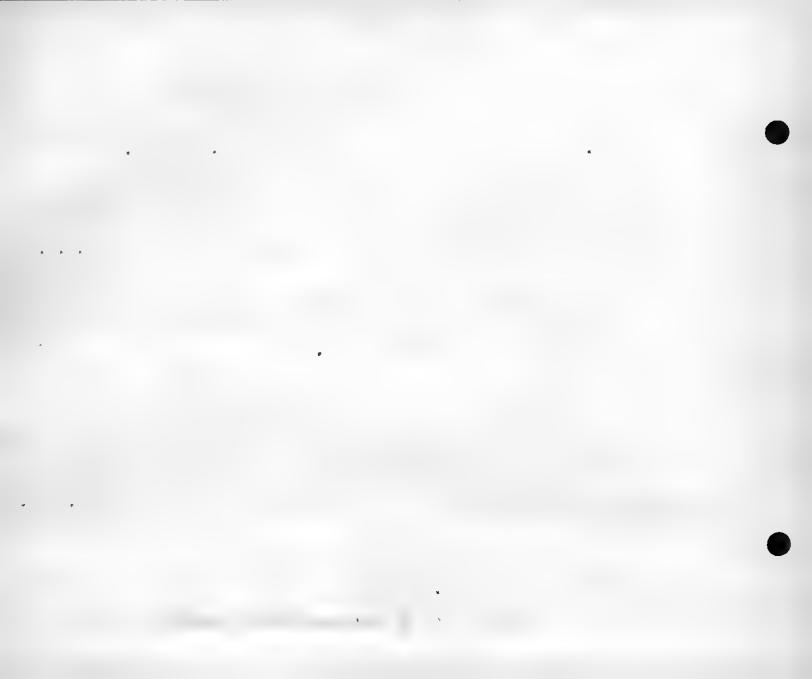
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1 U S 6 6 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester Marvland Dorchaster MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b borrelating in by borrelation by within 72 hours þ Galestown Galestown Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 ngletely f The law requires that the death certificate be executed within 3. NAME DE Oay First Middle Last DATE Month Year DECEASED EVELYN HASTIMGS SHOPT 19 57 (Type or print) DEATH August COMPL ever 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and cor 7. MARRIED NEVER MARRIED last birthday) | Months 1 Hours Thite February 4, Female WIOOWEO | DIVORCED physician and please reval, and in .⊑ 1Da. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? lousevork Home Galestown, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy rmit. Then p n. or removal, Howard L. Hastings Hattie Wheatley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) Miss Louise Galestown, Maruland Mone 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that to the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate OUE TD cause (a), stating prior underlying cause last. has 35 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO I YES 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) hed f DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. While at work Not While retained by p.m. 19 at work DIRECTOR: Af ige 3 should I led with the S 19 to Com 11, 1957, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9:55 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED þe director, page should be filed v MEO. STAFF M.O. DIRECTOR PHYS PHYS. Раде 4 тау FUNERAL PHYSICIAN'S 22d. NAME (Type BURIAL CREMATION, REMDVAL (Soccify) BUTIAL NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF (State) Aug. 7, 1967 Galestown Cemetery Galestown. Maryland AODRESS 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10967 16567 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE MARYLAND b. CITY OR TOWN (if outside carparate imits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RJRAL and give nearest tawn) write RURAL and give negrest town) days aw land .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Filled None NO R 3. NAME OF Middle 4. DATE Month carpa Day Yeor campletely DECEASED OF ShorTe (Type or print) urmar DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) IF JNDER 1 YEAR **NEVER MARRIED** IF UNDER 24 HRS Months Doys 08-20-88 crematian, ar remaval, and in any DIVORCED WIDOWED gud 10a. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? tormer- Mechan USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys JOHN MANUAL AND A STATE OF THE Lawson glomon IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service unk 18. CAUSE OF DEATH (Enter only one couse perfine for (a), (b), and (c) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH þ IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO burial, 1 Conditions, if any, which gave rise ta immediate couse (a), DUE TO stoting the underlying couse has been age a smauld be defached far use as the filed with the State Dept. af Health priar to (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION TO FUNERAL DIRECTOR: After this certificate NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port ) or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Haur om. factory street, office bldg , etc.) 21. I certify that (I) (this hospital) attended the deceased fram X-5 and that death accurred at 12 1/4 M, fram causes and an the date stated above saw the deceased alive an 20 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. directar, page should be filed 22c PHYSICIAN'S **ADDRESS** NAME (Type) 23o. BURIAL, CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) East New Market Cemetery East New Market, Maryland 24. FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb VR A15 (4) 25M 1/67 DATE

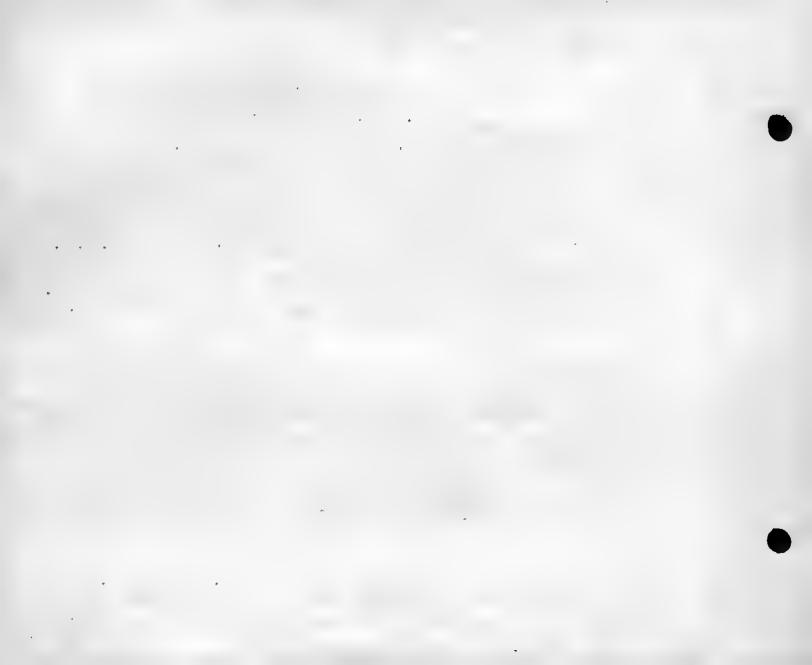


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET PLACE OF DEATH USUAL RESIDENCE (Where deceosed ved, if institution: Residence before odmission) o STATE Florida o. COUNTY Dorchester b. COUNTY Poge ond 3 to MARYLAND c LENGTH DE STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CIY OR TOWN (If outside corporate limits 2, u. P.M3. P write RURAL and give nearest town) Orlando Hurlock l hour d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (f not in hosp to, give street address) e IS RES DENCE DN A EARM? in pencil in Item 18. Give Pages 1, with form 600 block W. Rt. 307 Long NO X YES TE, This certificate should be executed within 24 hours after death NAME OF 4 DATE Erst Lost Month Dov Year DECEASED ŌF Curtis Simms 19 67 August 23 (Type or print) DEATH please execute the certificate, writing the word "pending" in pencil in Item 18. Give I director, Page 4 should be forwarded to the Chief Medical Examiner's Office olong pages 1 ond 2 with AGE (In years UNDER 24 HRS S SEX 6. CD,DR DR RACE NEVER MARRIED B DATE OF BRIH 7 MARRIED birthdoy) Months Doys Hours Male Black in any event within 72 haurs after death. WIDDWED DIVDRCED 12 CITIZEN DE WHAT 100 USUAL DCCUPATION (Give kind of work done 106 KIND OF BUS NESS DR 11 B RTHPLACE (State or foreign country) COUNTRY? during most of working the even if retired) Migrant Laborer INDUSTRY labor Florida ? arm 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Cambridge Hospital records 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intracranial injuries IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove (6) rise to immediate couse (a), **DUE TO** stoting the underlying couse 19 WAS AUTOPSY PEREDRMED? removol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) CERTIFICATION NO TE 200 EXTERNAL CAUSE WAS PRIMARY TO PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW INJURY DCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 should 5 Two car collision CAUSE OF DEATH cremotion, MEDICAL 20d INJURY DCCURRED (( by or town) (Stote) 20c TIME DF INJURY Month, Doy, Year 20e PLACE DF INJURY (Home, form (County) factory street, office bldg , etc.) Hour o.m. While Not While YOUR FUNERAL DIRECTOR: Page Highway Hurlock Md. Dor of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspect on and in my opinion be retained for Accident X Sticide , deoth resulted Notural couses Homic de Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER L prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMMER'S 8/23/67 John Address (Street city town of Younty) ace NAME T CREMATION 0 25b REGISTRAR S SIGNATURE 24 FUNERA, DIRECTOR VR A15ME 6M 1/67



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
~	1096	3		CERTIFICA	TE OF DEATH		10969		
	PLACE OF DEATH a. COUNTY Dorches1	ter	,	MARYLAND	a. STATE Maryland	(Where deceased lived, if institution by COUI)  Do autside corparate limits, write RUI	rchester		
.,	Cambridg d NAME OF HOSPITA	L OR INSTITUTION (If no	t in haspital, g		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	Cambridge	Maryland	Hospita	al Inc.	122 Vue	de Leau St.	YES NO X		
L	3. NAME OF DECEASED (Type or print)	Fir		Middle	Slacum	-	ust 6 19 67		
	Fema le	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED K  DIVORCED	8 DATE OF BIRTH August 6,		Manths Days Hours Mun.		
	luring most of working li Not	(Give kind of work dane ite, even if retired) 10		no of Business or Dustry None	Dorches	ty & State, or foreign country) ter-Maryland	12 CITIZEN OF WHAT COUNTRY?		
		tcell Slacu				Kay Slacum			
	IS. WAS DECEASED EVER (Yes, na, or unknown) No	IN U.S. ARMED FORCES? (If yes give war or dates a	f service) 16 S		r informant (rs Glenda S1	lacum 122 Vuede	mbridge, Md. Leau St. INTERVAL BETWEEN		
	Canditians, if any, nse to immediate stating the under last.	Ying cause DUE	TO (b)TO (c)	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?		
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N 20c. TIME OF INJU- Hour a.m.	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	D. (Enter nature of injury i	in Part I ar Part II of item 18)	YES NO K		
	p.m	1. 19	While at work	Nat While at wark	PLACE OF INJURY (Hame, for factory, street, affice bldg., et	20f. (City ar town) 12.)	(Caunty) (State), 19_67, that (I) (we) last		
	saw the deceosed alive on 8-6 19 67, and that death occurred a8:45PM, from causes and on the date  220. SIGNATURE  22b. DATE SIGNED  ATTENDANG  APPL STAFF  22b. DATE SIGNED								
	22c. PHYSICIAN'S NAME (Type)	EFRAIN	C. FER	NANDEZ	M.D. PHYS. 22d. ADDRESS 138 Rac	DIRECTOR L. PHYS. L.	8-6-67 e Md.		
21	230. BURIAL (REMATIO PEMOVAL (Specify)	7 AV6	REOF C7	23C NAME OF CEMETERY DORCHESTER ADDRESS	MEN. PARK	23d. LOCATION (City or To CAMBRIDGE	DOR. MD.		
	Servet 1	2 Thomas	g. c	AMBRIDGE	M.D. DATE	AUG 9 1967	Cliantes Judge.		

MARYLAND STATE DEPARTMENT OF HEALTH



1	MAKILAND STATE DEPAKTMENT OF MEALTH
11.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	10970 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERY!	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution Residence before admission)
≈ 2 8 €	a. COUNTY b. COUNTY
Page 33	b CITY OR TOWN (If autside corporate limits, and give negrest town)
de M3.	write KUKAL and give nearest fawn)
any delay is 2, and 3 to 1 PM3. Page epartment of	Andrews Dor Co. entire life Cambridge  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e IS RES DENCE ON A FARM?
haurs after death If any delay lem 18. Give Pages 1, 2, and 3 Office along with farm PM3. Paland 2 with the \$toke Department in death.	ON A FARM?
# 89 # 45 # 1	3 NAME OF First Middle Lost 4. DATE Month Day Year
The de	DECEASED OF
after death 8. Give Page along with the state with the state	S SEX 6 COLDR OR RAFF 17 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 19 AGE IN YEAR 1 IF UNDER 24 HRS
8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	last birthdoy)   Months   Days   Haurs   Min
aur ffice nd 2 dea	Male White WIDOWED DIVORCED Nov. 5. 906 66 VIS  100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
4 h	during most of working life even if retired) INDUSTRY
ld be executed within 24 haurs or ind "pending" in peword in Item 18. Chief Medical Examiner's Office a transit permit. Fite pages land2 weent within 72 haurs after death.	Hreight Co. Manager Andrews Dorchester Co. U.S.
oemc amii apc aurs	
ed within In percil al Examine It. File pag	Tames D. Slacum  15 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO  17 INFORMANT  Address  Address  Race Street
mit.	18   CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   PART I DEATH WAS CAUSED BY   IMPROVINGE IN INTERVAL BETWEEN   16   SOCIAL SECURITY NO   17   INFORMANT   18   CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   PART I DEATH WAS CAUSED BY   IMPROVINGE CAUSE (a)   Coronary occlusion   INSTANCE INSTANCE IN I
e executi pendin≣ ef Medika isit permit	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)
shauld be e ne ward "per ta the Chief I burial transit any event v	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion ONSET AND DEATH INSTANT
tra Ch.	Think DIE TO
thaul the the urial any	Conditions, if any, which gave ) (h)
the state of the control of the cont	nse ta immediate cause (a), DUE TO
fing tring trided rided as a and I	lost. (c)
INER: This certificate shauld be executed within 24 haurs after death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with form files. Should be used as a burial transit permit. File pages land? with the state Deption, ar removal, and in any event within 72 haurs after death.	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d)  9 WAS AUTOPSY PERFORMED?
t: This certificate, writh rificate, writh and be farwar buld be used ar removal,	PERFORMED? YES NO :  200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) PRIMARY OF OR DEATH
The The debt of the rest	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.)
ER: certificauld audd es shoul	E PRIMARY O or CONTRIBUTING C CAUSE OF DEATH
ALAL EXAMINER: The execute the certification of the result	20c TIME OF INJURY Manth, Day, Year Haur a.m. 20d INJURY OCCURRED While Nat While 10 Nat While 1
≥ = 4 F = S	Haur a.m.  While Not While of wark at wark at wark
L EXA recute Page for yau	21. I certify that I took charge of the remains described above, held on Autopsy 🔲, inspection 🔀, inquiry 🗍, and in my apinio
MEDICAL EXA please execute director Page retained for yai	death resulted fram. Natural causes 🛣 Accident 🔲 Suicide 🔝 Homicide 🔝 Undetermined monner
	CHIEF MEDICAL EXAM.NER
JTV MEDICA iry, please e eral director be retained RAL DIRECT	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNET
Prile Prile	EXAMINER'S DEPUTY MEDICAL EXAMINER XX 8/27/67
O DEPUTY MEDICAL IN INCESSORY, please exect the funeral director Page 5 may be retained for FUNERAL DIRECTOR: Health priar to burial,	NAME (Type) John Nace Jr. M.D. Address (Street, city, town, or county) Cambridge, Md.
to DEPUTY necessary, the funeral 5 may be TO FUNERAL Health pria	23d BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
<u> </u>	REMOVAL (Specify) Burial Aug. 27, 1967 Dorchester Memorial Park Cambridge Md 24 Binera, Director 250 RECD 87 REGISTRAR 250 RECISTRAR 250 RECEIVERS SIGNATURE
VR A 15ME (5)	The work of the second of the
6M 1/67	Deusett R. Thousand Cambridge, Md. DATSEP 1 1967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10971 10571 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY b. COUNTY Dorchester Dorchaster Maryland filled in by the fun papers. Pages 1 i thin 72 hours after a MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) 2 days Crocheron Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCI ON A FARM? filled Cambridge Maryland Hospital None YES NO X remove carbon 3. NAME OF Middle First lost DATE Doy Year and completely DECEASED ETTA SULLENDER Aug. 17 67 event event Type or print DFATH 19 SEX 6 COLOR OR RACE 9. AGE fin years AF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Female Conthday) White Manths Days March 14. Haurs 1877 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Caunty & State, or foreign country) 12 CITIZEN OF WHAT eose during most of working life, even if retired) INDUSTRY Home COUNTRY? Dorchester Co., Maryland USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, William H. Sodd Melvinia Bramble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service 212-11-1212 Mrs McClain Robinson, Crocheron, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) NTERVAL BETWEEN signed by the burnal-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH ro Vascular IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO bertensive 11 616 Meari Conditions, if any, which gove rise to immediate cause (o), **DUE TO** stating the underlying cause peen d far use as the If Heolth prior to last. WAS AUTOPSY has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20c. TiME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or fown) (State) this Hour 'o.m. Not While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (I) (this hospital) attended the deceased from 196 director, page 3 shauld allould be filed with the and that death occurred of 600/M, from causes and on the date stated above. FUNERAL DIRECTOR: sow the deceased olive on, 196 22o SIGNATURE DATE SIGNED M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d. "ADDRESS RACE NAME (Type) MANYANON 610 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL CREMATION 23b. DATE THEREOF (County) (State) Aug 20, 1967 Dorchester Memorial Park REMOVAL (Specify) Cambridge, Maryland 9 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR VR A15 (4) 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland DAAUS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10972 10572 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a COUNTY b. COUNTY Florida Dorchester with the State Department of MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give neorest town)
Hurlock Cant Say d NAME OF HOSP TAL OR INSTITUT ON (If not a hospital, give street address) d STREET ADDRESS S RESIDENC e writing the ward "pending" in pencil in Item 18 Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? Buck Andrews Labor Camp YES NO This certificate shauld be executed within 24 haurs after death 3 NAME OF Midd e 4 DATE Year DECEASED OECEASED (Type or poor) Herman Taylor (alias Hank Martin) 7/67 DEATH 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE ( n veors 7 MARRIED NEVER MARRIED About vilo Months HOLES Male Negro Unknown WIDOWED DIVORCED any event within 72 haurs after dea 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 12 CT ZEN OF WHAT drung most of working Wigrant Laborer Migrant COUNTRY? Labor Unknown 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one cause per ne for (a) (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Subdural Hemorrhage DUE TO Conditions, if any, which gove rise to immediate couse (a), and in DUE TO storing the underlying cause last used 19 WAS AUTOPSY PERFORMED? remaya, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate YES TY NO CERTIFICAT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Port Laf item 1B) 3 shauld Þ MEDICAL EXAMINER: BEANT Beaten up by another migrant. CAUSE OF DEATH MEDICAL 20e PLACE OF NJURY (Home form (City or town) 20c TIME OF INJURY Month Dov Year (County) (State) Hour om Not While foctory, street office bldg etc ! may be retained for your FUNERAL DIRECTOR: Page of work Hurlock Labor Md. Ramo Dor. 21. I certify that I took charge of the remains described above, held on Autapsy Inquiry ( Inspection and in my apinian Natural causes deoth resulted from Accident Surcide Ham eide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER Health prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 8/7/67 John Mace Jr. NAME (Ty Address (Street city town, or county) (Stote) (County) 5 9 24 FLINERAL DIRECTOR REC D BY REG STRAR 25b VR A 15ME (Š 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10973 10973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE MITH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) Dorchester Mary land with the State Department af Dorchester MARYLAND c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits c CITY OR TOWN ( f autside corporate limits, write RURAL and a ve nearest town) Cambridge R.F.D. All life Cambridge . Md. R.F.D. (Bucktown d NAME OF HOSP TAL OR INSTITUTION ( f not in hospital give street address) IS RESIDENCE ON A FARM? with farm YES IN NO 3 NAME OF Lost 4 DATE Month Doy Year DECEASED OF DEATH (Type or print) Charlotte 6 COLOR OR RACE 7 MARRIED NEVER MARR ED DATE OF BIRTH birthday) Months Dovs Hours WIDOWED X w thin 72 hours after death Female Negro DIVORCED This certificate shauld be executed within 24 hause 10g USUAL OCCUPATION (Give kind of work done Ob KIND OF BUS NESS OR 12 CITIZEN OF WHAT B RTHPLACE (State or foreign country) U.S.A during most of work no.l fe, even if retired) IND. STRY Maryland the Chief Medical Examiner's permit File pages 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAÑ (Yes, no, or unknown) (Ith yes give wor or dotes of service) DaRue Pinder, Cambridge, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) PART I DEATH WAS CAUSED BY Instant and in any event occlusion Corchary IMMEDIATE CAUSE (o) writing the ward F 2 1111 DHE TO Conditions, if ony, which gove shau d be farwarded to rise to immediate couse (o), DUE TO stoting the underlying couse łost be used PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? removal, the certificate, NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of anury in Part L or Port L of Iem 18) 3 shauld cremation, or PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20c T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or fown) (Stote) Hour om. foctory, street, office bldg., etc } While Not While FUNERAL DIRECTOR: Page at work of work 2). I certify that I took charge of the remains described above, held on Autopsy , Inspection T. Inquiry [ ond in my opinion Notural couses X Accident deoth resulted from Surcide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MED CAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER TO 8/4/67 EXAMINERS John Mace Address (Street, city, town, or county) NAME ITY 23d LOCALON (City, or, Town) (County) 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) AUG 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death. within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY in by, the b. CITY OR TOWN (If outsing corporate vimits write RURAL and give bearest town) c. CITY DR JOWN (If possible corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 n and completery investigation of the in any event, within 72 ho HAME OF HOSPITATION WISTITUTION (if not in hospital, give afreet address) 6. IS RESIDENCE ON A FARM? YES NO 3. NAME DE Middle Last DATE Month Day Year DECEASED (Type or print) Rog er DEATH Thomas 1967 August executed 6. COLOR' OR RACE 5. SEX DATE OF BIRTH AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED in any ( Months I Days WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of york done during most of working life, even if petired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! 19. BIRTHPLACE (County & State or fereign country) lease and ir certificate al-transit permit. Then p al, cremation, or remain 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, po ocambowh) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular hemorrhage - Uremia signed been signed the burial-tr or to burial, ( DUE TO week arteriolosicerotic cardiovascular ... Conditions, if any, which gave rise to immediate DUE-TOcause (a), stating the as the renal disease underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health PERFORMED? certificate YES NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Part 14 of Item 18.) o d OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) he MEDICAL 20e. PLACE OF INIURY (Home farm, factory, street/office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State Hour a.m. After Id be d Not While at work p.m. at work should ith the 21. I certify that (I) (this hospital) attended the deceased from August 10 1967 to August 21ng OIRECTOR: age 3 should filed with the August 2019 67 saw the deseased aline on. and that death occurred at\_ \_M. from the causes and on the date stated above. SIGNATURE 22a. 22b. DATE SIGNED director, page s should be filed w MED. STAFF August 24. 67 DIRECTOR M.D. PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Fássett, High Street. M.DCamb Maryland 23a. BURIAL, CREMATOON, REWIGNAL (Openity) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 AUG Z B REGIS BYA 725b. 24. FUNERAL DIRECTOR ADDRESS VR #15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges. L-and 2 after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, OMO C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and glvg nearest town) .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO K YES executed within completely 3. NAME OF DATE Month Last Day Year DECEASED (Type or print) DEATH 194 5. SEX 6. COLOR OR RACE 8. DATE OF BURTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED D NEVER MARRIED [ physician and c en please remove en and in any e hirthday) Months Hours WIDDWED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be been signed by the attending phy the burial-transit permit. Then pl or to burial, cremation, or removal, MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes pive war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. CARCINGMA METASTATIO IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last this certificate has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. be detached for use State Dept. of Health PERFORMED? No 🔀 YES [ 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work TO HOSPITAL

Page 4 may be recommended to Fune After To Funeral Director, After Afte 19.6.7 that (D)(we) last 21. I certify that (1) this hospital) attended the deceased from 3-31 19 67. 19 67 and that death occurred at 1/2 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR W M.D. PAYSICIAN'S NAME (Type) James 22d. ADDRESS McCarter. M.D. CAMA, MD 70 LOCUS BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) **FUNERAL DIRECTO** ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 15M 4-64



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
ueaun. funeral and 2 death.	16976 CERTIFICATE OF DEATH								
and 2 death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY								
	Dorchester  Maryland  Maryland  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Cambridge HRS, Pittsville								
n!	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Cambridge-Md. Hospital  Main St.  YES NOK								
İ	3. NAME OF First Middle Last 4. DATE Month Day Year								
ı	(Type or print) Raymond White DEATH Alignst ), 19 6/								
1	5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year's IFUNDER 1 YEAR   FUNDER 24 HRS.								
l	Male   White   widowed   Divorced   10/20/1873   93 yrs.								
ĺ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer - retired  10b. KIND OF BUSINESS OR INDUSTRY  Wicomico, Maryland  U.S.								
ľ	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
l	John William White Laura Ellen Freeny								
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service)]								
	No     217-48-2365 Mrs. Laura Wells Pittsville Md.								
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY:  WHITE CAUSE (c)  WE A L. COLLY DULL CAUSE (c)  THE CAUSE (c)  INTERVAL BETWEEN ONSET AND DEATH  2. Line To the course of								
	DUE TO DUE TO DE T								
	gave rise to immediate (b) CHELL SELECTION (c)								
ı	cause (a), stating the DUE TO								
l	Underlying cause last. ) (c) CCC CALLO ALC CAL								
	PERFORMED? YES NO 17								
-	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)								
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work								
ĺ	p.m. 19 at work at work								
	21. I certify that (I) (this hospital) attended the deceased from Chic 3, 1962, to Chic 1962 that (I) (we) last								
١	saw the deceased alive on 1967, and that death occurred at 72 M, from the causes and on the date stated above.								
	228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF								
	M.D. PHYS. LI DIRECTOR PHYS. LI 0/3/6/								
	22c. PHYSICIAN'S NAME (Type) Attach on DS and								
	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)								
	REMOVAL (Specify)								
	Burial 8/8/67 Pittsville Cometery Pittsville Md.  24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR 3 SIGNATURE								
4	HILF was I Have Salisbury Md. All 3 1967 Ochanles Judge								
ı	MILL TOWER SULLES ATT THE DATE HOW OF								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10977 10977 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Dorchester o. STATE Maryland Dorchester and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Cambridge II Rural-Cambridge 1 day = papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in nave carbon paper RFD No. 3 Cambridge Maryland Hospital NO D YES 3. NAME OF Middle First Last 4. DATE Month Day Year DECEASED (Type or print) GEORGIA MARSHALL WINGATE Aug. 19 67 **OEATH** SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years IF UNDER IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED remove last birthday) White Female Months Days Haurs Jan. 14, 1878 WIDOWED I OIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired)
Housewife Home Home **COUNTRY?** Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, attending phys Eljiah Marshall Sallie Thomas IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates af service Mrs. Evelyn Thomas, RFD 3, Cambridge, Md. unk 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH ARTERIO SCEROTIC IMMEDIATE CAUSE (a) by the haspital ar attending physician. Canditions, if any, which gave DUF TO (b) rise to immediate couse (a), DUE TO stoting the underlying cause certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF CEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Oav. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Nat While factory, street, affice blda., etc.) at wark TO FUNERAL DIRECTOR: After þ 2). I certify that (I) (this hospital) attended the deceased fram\_\_\_ 30 , 1967, that (I) (we) last 1967, to. ro Hospital or ATTEND Page 4 may be retained 1967, and that death accurred at 2.510M, from causes and an the date stated above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED M.O. **OIRECTOR** PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARYANOV 23b. DATE THEREOF Sept 1 1967 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) County) (State) REMOVAL (Specify)
Burial Dorchester Memorial Park Cambridge, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR LeCompte Funeral Service, Cambridge, Maryland DATE SEP 196

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10978 Item CERTIFICATE OF DEATH 10978 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (M autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 papers. Pag. hin 72 haurs o write RURAL and give nearest tawn) Ambeidge The law requires that the death certificate be executed within 24 hou d. NAME OF HOSPITAL OR INSTITUTION of nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled Cambridge Maryland Hospital 风 YES NO Ę and campletely fi NAME OF Middle Last 4. DATE Month Day Year DECEASED OF DEATH and ih any event, (Type or print) 196 S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** Months Days Haurs Negro WIDOWED DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address VIENNA MO (Yes, no, or unknown) (If yes give war ar dates of service) TO crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSEJ AND DEATH IMMEDIATE CAUSE (o) DUE TO buriol. Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause far use as the l the haspital ar attending this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? NO OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While State at work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this hospital) attended the deceased from and that death accurred at OAM, from causes and an the date stated above saw the deceased alive or 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR director, page 3 should be filed a 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 23b. DATE THEREOF 23a. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) 6 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

